2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2007 08:00 A Secretary of State

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DOCUMENT # P9900060584			K	secretary or s	
ORP.					
Mailing Address					
MIAMI, FL 33130					
DO NOT WRITE IN THIS SPA		04042007	No Chg-P	CR2E034 (11/05)	
				Applied For Not Applicable	
				\$8.75 Additional	
istered Agent				Fee Required	
•		DO	NOT W	DITE	
501 S.W. 1ST STREET MIAMI, FL 33130					
		IN	I ПІЭ, ЭР	ACE	
purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Flo	orida I am familiar with, and accept	
le if applicable (NOTE Registers	ed Agent signature required	(when reinstaling)		DATE	
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ECTORS	<u></u>				
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	Mailing Address Mailing Address 860 SW 1ST STREET MIAMI, FL 33130 N THIS SPA Istered Agent In purpose of changing its register In it appropriate the interest of the purpose of the	Mailing Address 860 SW 1ST STREET MIAMI, FL 33130 N THIS SPACE Istered Agent Industrial process of changing its registered office or register In purpose of changing its registered Agent signature required In the process of the	Mailing Address 860 SW 1ST STREET MIAMI, FL 33130 N THIS SPACE 04042007 4. FEI Number 65-095 5. Certificate DO IN 7 In purpose of changing its registered office or registered agent, or both in the purpose of changing its registered Agent signature required when reinstating) 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May 8e Added to Fees	Mailing Address 860 SW 1ST STREET MIAMI, FL 33130 N THIS SPACE 04042007 No Chg-P 4. FEI Number 65-0957029 5. Certificate of Status Desired Intered Agent DO NOT WIN THIS, SF Purpose of changing its registered office or registered agent, or both, in the State of Fic. In address (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing Trust Fund Contribution. S 5.00 May Be Added to Fees	

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment of in an address, with all other like impowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

TURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/07

(305) 325.0501

Daylime Phone #